

SECTION 1: APPLICANT'S DETAILS

Employee Name	Kifayatullah
Designation	UCPO
CNIC No.	14203-4985485-9
District/UC	Karak/SG Khel
Leave application date	12/10/2020

SECTION 2: DETAILS OF LEAVE

Reason of Leave Applied for (Tick In appropriate box)

<input type="checkbox"/> Hajj	<input type="checkbox"/> Umrah/Ziarat
<input type="checkbox"/> Chillah, Tableegh, Ehtikaf	<input type="checkbox"/> Christmas, Diwali
<input type="checkbox"/> Study/Exams	<input type="checkbox"/> Maternity
<input type="checkbox"/> Family Wedding	<input type="checkbox"/> Self-Wedding
<input type="checkbox"/> Immediate Family Death	<input checked="" type="checkbox"/> Self-Sick Leave
<input type="checkbox"/> Immediate Family-Sick Leave	<input type="checkbox"/> Accident/Sickness-while at work
<input type="checkbox"/> Accident/Sickness-while not at work	<input type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input type="checkbox"/> Others

Number of Days Leave Applied for

Leave start date : 13-10-2020

Leave end date: 13-10-2020

OIC Name and designation:

Employee

signature: _____

Date 12-10-2020

PEO endorsement: _____

Date 12/10/2020

PTL endorsement: _____

For more than Two weeks

Date: _____

CTC final approval: _____

Date _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed

SECTION 1: APPLICANT'S DETAILS

Employee Name	RAHID ULLAH
Designation	UCPO
CNIC No.	14203-8005571-9
District/UC	Karak, T/Nasrat
Leave application date	13-10-2020

SECTION 2: DETAILS OF LEAVE

Reason of Leave Applied for (Tick in appropriate box)

<input type="checkbox"/>	Hajj	<input type="checkbox"/>	Umrah/Ziarat
<input type="checkbox"/>	Chullah, Tabligh, Ehtikai	<input type="checkbox"/>	Christmas, Diwali
<input type="checkbox"/>	Study / Exams	<input type="checkbox"/>	Maternity
<input type="checkbox"/>	Family Wedding	<input type="checkbox"/>	Self Wedding
<input type="checkbox"/>	Immediate Family Death	<input type="checkbox"/>	Self Sick Leave
<input checked="" type="checkbox"/>	Immediate Family Sick Leave	<input type="checkbox"/>	Accident/Sickness while at work
<input type="checkbox"/>	Accident/Sickness while not at work	<input type="checkbox"/>	Emergency Leave
<input type="checkbox"/>	Vacations	<input type="checkbox"/>	Others

Number of Days Leave Applied for 04

Leave start date 13-10-2020 | Leave end date 16-10-2020

DC Name and designation:

Employee signature [Signature] Date 13/10/2020

PEO endorsement [Signature] Date 13/10/2020

PTL endorsement:
For more than Two weeks Date: _____

CTC final approval: Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed

CHIP Training and Consulting (Pvt) Ltd
LEAVE APPLICATION FORM-PTPF Project

SECTION 1: APPLICANT'S DETAILS

Employee Name	FARZAND ALI
Designation	UCPO
CNIC No.	14203-3673147-3
District/DC	Karak / Jehangiri
Leave application date	8/10/20

SECTION 2: DETAILS OF LEAVE

Reason of Leave Applied for (Tick in appropriate box)

<input type="checkbox"/> Hag	<input type="checkbox"/> Umrah/ Ziarat
<input type="checkbox"/> Chillaah, Tabelegh, Ehtekat	<input type="checkbox"/> Christmas, Diwali
<input type="checkbox"/> Study / Exams	<input type="checkbox"/> Maternity
<input type="checkbox"/> Family Wedding	<input type="checkbox"/> Self-Wedding
<input type="checkbox"/> Immediate Family Death	<input checked="" type="checkbox"/> Self-Sick Leave
<input type="checkbox"/> Immediate Family-Sick Leave	<input type="checkbox"/> Accident /Sickness-while at work
<input type="checkbox"/> Accident /Sickness-while not at work	<input type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input type="checkbox"/> Others

Number of Days Leave Applied for **01 Day**

Leave start date **09/10/20** Leave end date **9/10/20**

OIC Name and designation:

Employee signature: *[Signature]* Date: **8/10/20**

PEO endorsement: *[Signature]* Date: **8/10/20**

PFI endorsement: _____ Date: _____

CTC final approval: _____ Date: _____

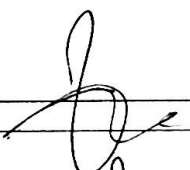
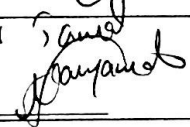
CTC Remarks, if any

NOTE: Leaves during campaign days are NOT allowed.

CHIP Training and Consulting (Pvt) Ltd
LEAVE APPLICATION FORM-PTPP Project

Abdul Basit

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Abdul Basit
Designation	UCPO
CNIC No.	14201 2136888 5
District/UC	/Karak / BAHADUR KHEL
Leave application date	16.10.20

SECTION 2: DETAILS OF LEAVE	
Reason of Leave Applied for (Tick in appropriate box)	
<input type="checkbox"/> Hajj	<input type="checkbox"/> Umrah/Ziarat
<input type="checkbox"/> Chillah, Tableegh, Ehtikaf	<input type="checkbox"/> Christmas, Diwali
<input type="checkbox"/> Study/Exams	<input type="checkbox"/> Maternity
<input type="checkbox"/> Family Wedding	<input type="checkbox"/> Self-Wedding
<input type="checkbox"/> Immediate Family Death	<input checked="" type="checkbox"/> / Self-Sick Leave
<input type="checkbox"/> Immediate Family-Sick Leave	<input type="checkbox"/> Accident/Sickness-while at work
<input type="checkbox"/> Accident/Sickness-while not at work	<input type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input type="checkbox"/> Others
Number of Days Leave Applied for	
Leave start DATE : 16.10.20	Leave end DATE : 16.10.20
OIC Name and designation:	
Employee signature: <u>ABDUL BASIT</u> 	Date: <u>16/10/2020</u>
PEO endorsement: <u>Dr Nasir Iqbal</u> 	Date: <u>16/10/2020</u>
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed

CHIP Training and Consulting (Pvt) Ltd
LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	ATIF NIAZI
Designation	UCPO
CNIC No.	14201-5890804-7
District/UC	Karak / Gurgum
Leave application date	Before 05/10/2020 05/10/2020

SECTION 2: DETAILS OF LEAVE	
Reason of Leave Applied for (Tick in appropriate box)	
<input type="checkbox"/> Hajj	<input type="checkbox"/> Umrah/Ziarat
<input type="checkbox"/> Chillah, Tableegh, Ehtikaf	<input type="checkbox"/> Christmas, Diwali
<input type="checkbox"/> Study/Exams	<input type="checkbox"/> Maternity
<input type="checkbox"/> Family Wedding	<input type="checkbox"/> Self-Wedding
<input type="checkbox"/> Immediate Family Death	<input type="checkbox"/> Self-Sick Leave
<input checked="" type="checkbox"/> Immediate Family-Sick Leave	<input type="checkbox"/> Accident/Sickness-while at work
<input type="checkbox"/> Accident/Sickness-while not at work	<input type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input type="checkbox"/> Others

Number of Days Leave Applied for	Days
Leave start date	05/10/2020
Leave end date	05/10/2020

OIC Name and designation: _____

Employee signature: <u>Muhammad Atif Niazi</u>	Date: <u>05/10/2020</u>
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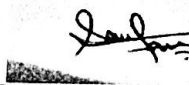
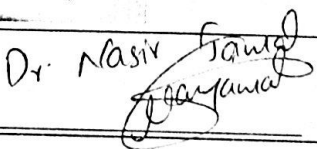
PEO endorsement: <u>Dr. Nasir Jamali</u>	Date: <u>05/10/2020</u>
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PTL endorsement: _____	Date: _____
For more than Two weeks	_____

CTC final approval: _____	Date: _____
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CHIP Training and Consulting (Pvt) Ltd
LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT S DETAILS	
Employee Name	Sadaqat Haroon
Designation	Union Council Polio Officer
CNIC No.	14301-8332135-5
District/UC	Karak / Esak Chontra
Leave application date	12/10/2020

SECTION 2: DETAILS OF LEAVE	
Reason of Leave Applied for (Tick in appropriate box)	
<input type="checkbox"/> Hajj	<input type="checkbox"/> Umrah/Ziarat
<input type="checkbox"/> Chillah, Tableegh, Ehtikaf	<input type="checkbox"/> Christmas, Diwali
<input type="checkbox"/> Study/Exams	<input type="checkbox"/> Maternity
<input type="checkbox"/> Family Wedding	<input type="checkbox"/> Self-Wedding
<input type="checkbox"/> Immediate Family Death	<input checked="" type="checkbox"/> Self-Sick Leave
<input type="checkbox"/> Immediate Family-Sick Leave	<input type="checkbox"/> Accident/Sickness-while at work
<input type="checkbox"/> Accident/Sickness-while not at work	<input type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input type="checkbox"/> Others
Number of Days Leave Applied for: 1	
Leave start date: 12/10/2020	Leave end date: 12/10/2020
OIC Name and designation:	
Employee signature: 	Date: 12/2020
PEO endorsement: 	Date: 12/10/2020
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed